



**REVISED DISCHARGE PLAN REVIEW HEARING
ORDER
(PRIOR INCOMPETENT DEFENDANT)**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

Respondent having been previously found incompetent to stand trial in a criminal proceeding in the prior 12 months and having not been involuntarily committed pursuant to KRS Chapter 202C; a hearing to review the revised discharge plan, submitted on _____, was held on _____, at which Respondent (*check one*) ☐ was present or ☐ waived presence through counsel; and the Court having considered the revised discharge plan, and evidence presented by the County Attorney and Respondent's counsel at the review hearing; (*check and complete A., B., or C.*)

A. ☐ the Court HEREBY FINDS there is clear and convincing evidence that Respondent continues to meet the criteria for involuntary commitment under KRS 202A.026 AND that the revised discharge plan does not give Respondent a realistic opportunity to avoid imminent readmittance into an inpatient psychiatric hospital for treatment;

THEREFORE, IT IS HEREBY ORDERED Respondent shall remain hospitalized for continued care and treatment until the expiration of the 60/360-day involuntary hospitalization order entered on _____. (**Doc. Code: RDPHG**)

OR

B. ☐ the Court HEREBY FINDS there is NOT clear and convincing evidence that Respondent continues to meet the criteria for involuntary commitment under KRS 202A.026 AND that the revised discharge plan does not give Respondent a realistic opportunity to avoid imminent readmittance into an inpatient psychiatric hospital for treatment; and the Court FURTHER FINDS there is NOT clear and convincing evidence that Respondent (1) is an individual with a mental illness, (2) who presents a danger or threat of danger to self, family, or others as a result of the mental illness, (3) who may reasonably benefit from court-ordered outpatient treatment or release with other reasonable conditions, and (4) for whom court-ordered outpatient treatment or release with other reasonable conditions is the least restrictive alternative mode of treatment available;

THEREFORE, IT IS HEREBY ORDERED Respondent shall be discharged pursuant to the hospital's discharge plan. (**Doc. Code: RDPHD**)

OR

C. ☐ the Court HEREBY FINDS there is NOT clear and convincing evidence that Respondent continues to meet the criteria for involuntary commitment under KRS 202A.026 AND that the revised discharge plan does not give Respondent a realistic opportunity to avoid imminent readmittance into an inpatient psychiatric hospital for treatment; the Court FURTHER FINDS there is clear and convincing evidence that Respondent (1) is an individual with a mental illness, (2) who presents a danger or threat of danger to self, family, or others as a result of the mental illness, (3) who may reasonably benefit from court-ordered outpatient treatment or release with other reasonable conditions, and (4) for whom court-ordered outpatient treatment or release with other reasonable conditions is the least restrictive alternative mode of treatment available; and the Court FURTHER FINDS (*check one*) ☐ there is ☐ there is NOT clear and convincing evidence that Respondent meets the criteria for court-ordered assisted outpatient treatment set forth in KRS 202A.0815;

THEREFORE, IT IS HEREBY ORDERED Respondent shall be discharged pursuant to the hospital's discharge plan; and IT IS FURTHER ORDERED: (*check one*)

☐ Respondent shall receive court-ordered assisted outpatient treatment pursuant to KRS 202A.0811 to 202A.0831. A treatment plan in accordance with KRS 202A.0817 shall be developed by _____ (agency/QMHP) within 48 hours. Tim's Law funding is available, and provided by or through _____.

(Doc. Code: RDAOT)

OR

☐ Respondent shall receive community-based outpatient treatment that shall not exceed 360 days. A treatment plan in accordance with KRS 202A.0801 shall be developed by _____ (agency/QMHP) within 48 hours. Respondent shall also comply with the following conditions necessary to ensure compliance:

_____. **(Doc. Code: RDCOT)**

OR

☐ Respondent shall be released with the following conditions necessary to ensure the safety of self, family, or others and avoid readmittance to a hospital setting: _____

_____. **(Doc. Code: RDRC)**

Date

Judge's Signature

Please print or type name of Judge in the space provided below:

Distribution: Petitioner
 Hospital / Facility

Respondent
Outpatient Provider

Respondent's Attorney County Attorney
BHDID (if outpatient treatment ordered)

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